5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 1 of 67

Fill in this inform	nation to identify your	case and this filing:		
Debtor 1	Stacy	М	Laney	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	Western	District of	Arkansas
Case number	5:25-bk-70805			

### Official Form 106A/B

## Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	e interest in any residence, building, land, or similar  What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another  Other information you wish to add about this itemproperty identification number:  Source of Value: Benton County Tax Assesse	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  \$280,000.00  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  Equitable Interest from Divorce,  Check if this is community property (see instructions)
Part 2: Describe Your Vehicles  Do you own, lease, or have legal or equitable in	wn for all of your entries from Part 1, including any umber here	entries for pages \$280,000.00

Official Form 106A/B Schedule A/B: Property page 1

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 2 of 67

Debtor	Laney, Stacy M	Case number (if known) <u>5:25-bk-70805</u>
3.	Cars, vans, trucks, tractors, sport utility vehicles, motorcycles  ☐ No  ✓ Yes	
	√ Yes	

	la.				
☑ N					
<b>V</b>	63				
3.1	Make:	/olkswagen	Who has an interest in the property? Check one.  ✓ Debtor 1 only	Do not deduct secured cla	
	Model:	Jetta	<ul><li>Debtor 2 only</li><li>Debtor 1 and Debtor 2 only</li></ul>	Creditors Who Have Clair	ms Secured by Property.
	Year:	2025	At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:	31	Check if this is community property (see instructions)	\$20,000.00	\$20,000.00
	Other information:				
	Source of Value: S VIN: 3VWBX7BU5	_			
If you	u own or have more than	one, describe	here:		
3.2	Make:	Chevrolet	Who has an interest in the property? Check one.	Do not deduct secured cla	aims or exemptions. Put
	Model:	Trax	☐ Debtor 1 only ☐ Debtor 2 only	the amount of any secure Creditors Who Have Clair	
	Year:	2019	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:	120000	☐ Check if this is community property (see	\$5,000.00	\$2,500.00
	Other information:		instructions)		
	Source of Value: §	Self			
3.3	Make:	Indian	Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:	Scout	<ul><li>✓ Debtor 1 only</li><li>☐ Debtor 2 only</li></ul>	the amount of any secure Creditors Who Have Clair	
	Year:	2023	<ul><li>Debtor 1 and Debtor 2 only</li><li>At least one of the debtors and another</li></ul>	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:	1800	☐ Check if this is community property (see instructions)	\$9,000.00	\$9,000.00
	Other information:		,		
	Source of Value: S VIN: 56KMTC119P				
	<i>nples:</i> Boats, trailers, mo	-	and other recreational vehicles, other vehicles, and watercraft, fishing vessels, snowmobiles, motorcycle a		
4.1	Make:		Who has an interest in the property? Check one.	Do not deduct secured cla	•
	Model:		☐ Debtor 1 only ☐ Debtor 2 only	the amount of any secure Creditors Who Have Clair	
	Year:		<ul><li>Debtor 1 and Debtor 2 only</li><li>At least one of the debtors and another</li></ul>	Current value of the entire property?	Current value of the portion you own?
	Other information:		☐ Check if this is community property (see instructions)		-
			,		

5.		he portion you own for all of your entries from Part 2, including any entries for pages art 2. Write that number here	\$31,500.00
Pa	rt 3: Describe You	ur Personal and Household Items	
Do y	ou own or have any legal o	r equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and furn Examples: Major appliance	nishings es, furniture, linens, china, kitchenware	
	☐ No		
	√ Yes. Describe	Washer, Stove, Loveseat, Beds (2), Recliner, Table, Desk, Bookcases (2), Chairs (5), Grill, Lamps (4), Dryer, Refrigerator, Microwave, Nightstand, Mirror, Garden Tools (10), Push Lawn Mower, Weed Eater, Dressers (3), Bedding & Linens, Misc. Kitchenware, Household Tools, Seasonal Items.	\$1,500.00
7.	Electronics		
	•	radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music stronic devices including cell phones, cameras, media players, games	
	☐ No		
	√ Yes. Describe	Televisions (3), Smart Speaker, Surround System, Printer, Cell Phone, Game Console, Wireless Bluetooth Headphones, Wi-Fi & Networking equipment, Computers (2), Camera, Tablet/e-reader, Apple Wach (or similar).	\$3,000.00
8.	Collectibles of value		
		gurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or ollections; other collections, memorabilia, collectibles	
	☐ No		
	Yes. Describe	Family Photos, VHS Disney Movies, 3' Tall Power Ranger, Beanie Baby McDonald's Toys (1997).	\$300.00
9.	Equipment for sports and	hobbies	
0.	Examples: Sports, photogr	aphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and try tools; musical instruments	
	☐ No		
	√ Yes. Describe	Paddleboards (2), Camping Gear, Board Games (10), Sewing Machine.	\$500.00
10.	Firearms  Examples: Pistols, rifles, sl	hotguns, ammunition, and related equipment	
	☐ No		
	✓ Yes. Describe	.45 Pisol, 12 g. Shotgun, 9 mil. Pistol.	\$2,000.00

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 4 of 67

11.	Clothes  Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories						
	☐ No						
	✓ Yes. Describe	Shirts, Pants, Leggings, Jeans, Shorts, Skirts, Dresses, Robes, Jackets, Hoodies, Sweats, Gloves, Shoes, Boots, Hats, Handbags, Wallets, Scarfs.	\$300.00				
12.	Jewelry  Examples: Everyday jewelr silver	y, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold,					
	☐ No						
	Yes. Describe	Necklaces, Earrings, Watches.	\$200.00				
13.	Non-farm animals						
	Examples: Dogs, cats, bird	s, horses					
	□ No						
	Yes. Describe	Dogs (3)	\$15.00				
14.	Any other personal and ho	busehold items you did not already list, including any health aids you did not list					
	<b>☑</b> No						
	Yes. Give specific information						
15.		of your entries from Part 3, including any entries for pages you have attached er here	\$7,815.00				
Pai	rt 4: Describe You	r Financial Assets					
Do yo	ou own or have any legal or	equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.				
16.	Cash  Examples: Money you have	e in your wallet, in your home, in a safe deposit box, and on hand when you file your petition					
	□ No						
	7	Cash:	\$5.00				
	_						

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 5 of 67

17.	Deposits of money							
		Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.						
	☐ No							
	<b>√</b> Yes		Institution name:					
		17.1. Checking account:	USAA		\$0.51			
		17.2. Checking account:	USAA		\$0.10			
		17.3. Checking account:	USAA		\$0.70			
		17.4. Savings account:	USAA		(\$2.83)			
		17.5. Other financial account:	Apple Cash		\$1.33			
18.	Bonds, mutual funds,	or publicly traded stocks						
	Examples: Bond funds	s, investment accounts with broke	erage firms, money market accounts					
	<b>☑</b> No							
	☐ Yes	Institution or issuer name:						
19.			ated and unincorporated businesses, incl	uding an interest in an				
	LLC, partnership, and  ✓ No	l joint venture						
	Yes. Give specific							
	information about them	Name of entity:		% of ownership:				
			_					
20.			able and non-negotiable instruments					
			rs' checks, promissory notes, and money ord fer to someone by signing or delivering them					
	<b>√</b> No							
	Yes. Give specific information about							
	them	Issuer name:						
		-						

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 6 of 67

21.	Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans				
	✓ No  ☐ Yes. List each				
	account separately.	Type of account:	Institution name:		
		401(k) or similar plan:			
		Pension plan:			
		IRA:			
		Retirement account:			
		Keogh:			
		Additional account:	·		
		Additional account:	9		
22.	Examples: Agreement others  No Yes  Annuities (A contract for	d deposits you have mades with landlords, prepaid In Water:	de so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications companies, or stitution name or individual:  City of Rogers  money to you, either for life or for a number of years)	\$75.00	
	✓ No	Income and decom	tertana.		
	Yes	Issuer name and descr	puon:		
24.	Interests in an education 26 U.S.C. §§ 530(b)(1), ✓ No ☐ Yes	529A(b), and 529(b)(1).	in a qualified ABLE program, or under a qualified state tuition program. escription. Separately file the records of any interests.11 U.S.C. § 521(c):		

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 7 of 67

25.	Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit					
	<b>₫</b> No					
	Yes. Give specific information about them					
26.	Patents, copyrights, trademarks, trade  Examples: Internet domain names, webs	secrets, and other intellectual property ites, proceeds from royalties and licensing agreements				
	<b>√</b> No					
	Yes. Give specific information about them					
27.	Licenses, franchises, and other genera	I intangibles				
	Examples: Building permits, exclusive lic	enses, cooperative association holdings, liquor licenses, professional licenses				
	☑ No					
	Yes. Give specific information about them		-			
Mone	ey or property owed to you?		Current value of the portion you own?  Do not deduct secured claims or exemptions.			
28.	Tax refunds owed to you					
	<b>☑</b> No					
	Yes. Give specific information about them, including whether you	Federal:				
	already filed the returns and	State:				
	the tax years	Local:				
29.	Family support					
	Examples: Past due or lump sum alimon settlement	y, spousal support, child support, maintenance, divorce settlement, property				
	<b>√</b> No					
	☐ Yes. Give specific information	Alimony:				
		Maintenance:				
		Support:				
		Divorce settlement:				
		Property settlement:				
30.	Other amounts someone owes you					
	Examples: Unpaid wages, disability insur	rance payments, disability benefits, sick pay, vacation pay, workers' compensation, aid loans you made to someone else				
	☐ No					
	✓ Yes. Give specific information	401(k) QDRO owed from divorce (ex-spouse refuses to turn over, nothing received in over a year)	\$17,000.00			

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 8 of 67

31.	Interests in insurance policies			
	Examples: Health, disability, or life insurance	ce; health savings account (HSA); o	credit, homeowner's, or renter's insurance	
	<b>☑</b> No			
	☐ Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
				-
				_
				_
32.	Any interest in property that is due you f	rom someone who has died		
	If you are the beneficiary of a living trust, exproperty because someone has died.		e policy, or are currently entitled to receive	
	<b>☑</b> No			
	☐ Yes. Give specific information			
	L			
33.	Claims against third parties, whether or	not you have filed a lawsuit or m	ade a demand for payment	
	Examples: Accidents, employment dispute	s, insurance claims, or rights to su	e	
	<b>☑</b> No			
	Yes. Describe each claim			
	L			
34.	Other contingent and unliquidated claim claims	s of every nature, including cour	nterclaims of the debtor and rights to set o	off
	<b>☑</b> No			
	☐ Yes. Describe each claim			
	L			
35.	Any financial assets you did not already	list		
	<b>☑</b> No			
	☐ Yes. Give specific information			
	L			
36.	Add the dollar value of all of your entries for Part 4. Write that number here	from Part 4, including any entri	es for pages you have attached	\$17,079.81
Pa	rt 5: Describe Any Business-I	Related Property You Ow	n or Have an Interest In. List any	real estate in Part 1.
37.	Do you own or have any legal or equitab	le interest in any business-relate	ed property?	
	☑ No. Go to Part 6.			
	☐ Yes. Go to line 38.			
				Current value of the portion you own?
				Do not deduct secured claims or exemptions.

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 9 of 67

Case number (if known) 5:25-bk-70805 Debtor Laney, Stacy M Accounts receivable or commissions you already earned **√** No Yes. Describe. ....... Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices **√** No Yes. Describe. ...... Machinery, fixtures, equipment, supplies you use in business, and tools of your trade 40. **√** No Yes. Describe. ...... 41. Inventory **√** No Yes. Describe. ....... Interests in partnerships or joint ventures 42. **√** No ☐ Yes. Describe ...... Name of entity: % of ownership:

Official Form 106A/B Schedule A/B: Property page 9

Customer lists, mailing lists, or other compilations

Yes. Describe. .......

☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

**√** No

■ No

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 10 of 67

Debtor Laney, Stacy M

Case number (if known) 5:25-bk-70805

44.	Any business-related p	operty you did not already list	
	<b>√</b> No		
	Yes. Give specific information		
	•		
45	Add the deller velve of	all of very antice from Day 5 including any antice for years you have attached	
45.		all of your entries from Part 5, including any entries for pages you have attached mber here	\$0.00
Pa	ιι Ο.	ny Farm- and Commercial Fishing-Related Property You Own or Have an rhave an interest in farmland, list it in Part 1.	Interest In.
46.		r legal or equitable interest in any farm- or commercial fishing-related property?	
	✓ No. Go to Part 7.		
	Yes. Go to line 47.		
			Current value of the
			portion you own?  Do not deduct secured
			claims or exemptions.
47.	Farm animals		
	Examples: Livestock, po	ultry, farm-raised fish	
	✓ No		
	☐ Yes		
48.	Crops—either growing	as harvested	
40.	✓ No	or narvesteu	
	Yes. Give specific		
	information		
49.	Farm and fishing equip	nent, implements, machinery, fixtures, and tools of trade	
	<b>√</b> No		
	☐ Yes		
50.	Farm and fishing suppli	es, chemicals, and feed	
	<b>√</b> No		
	☐ Yes		

### 5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 11 of 67

51.	Any farm- and commercial fishing-related property you did not already list		
	☑ No		
	☐ Yes. Give specific		
	information		
52.	Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here	→	\$0.00
Pa	art 7: Describe All Property You Own or Have an Interest in That You Did Not Li	st Above	
53.	Do you have other property of any kind you did not already list?		
	Examples: Season tickets, country club membership		
	<b>☑</b> No		
	☐ Yes. Give specific		
	information		
			-
54.	Add the dollar value of all of your entries from Part 7. Write that number here	→	\$0.00
Pa	art 8: List the Totals of Each Part of this Form		
55.	Part 1: Total real estate, line 2	→	\$280,000.00
56.	Part 2: Total vehicles, line 5 \$31,500.00		
57.	Part 3: Total personal and household items, line 15 \$7,815.00		
58.	Part 4: Total financial assets, line 36 \$17,079.81		
<b>5</b> 0	Dant 5: Total business valeted manager, line 45		
59.	Part 5: Total business-related property, line 45 \$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52 \$0.00		
61.	Part 7: Total other property not listed, line 54 + \$0.00		
62.	Total personal property. Add lines 56 through 61	erty total 🛨	+ \$56,394.81
63.	Total of all property on Schedule A/B. Add line 55 + line 62.		\$336,394.81

#### 5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 12 of 67

Fill in this inform	ation to identify your ca	ase:			
Debtor 1	Stacy	М	Laney		]
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States B	Bankruptcy Court for the	e: Westerr	District of	Arkansas	
Case number	5:25-bk-70805				
(if known)					Check if this amended filir

#### Official Form 106C

## Schedule C: The Property You Claim as Exempt

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	Part 1:	Identify the Property You Claim as Exempt
1.	☐ You a	et of exemptions are you claiming? Check one only, even if your spouse is filing with you. re claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) re claiming federal exemptions. 11 U.S.C. § 522(b)(2)
2.	For any p	property you list on <i>Schedule A/B</i> that you claim as exempt, fill in the information below.
3.	•	claiming a homestead exemption of more than \$214,000? to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.)
	☑ No	Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

### 5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 13 of 67

Debtor 1

Part 2: Ad	ditional Page				
	tion of the property and dule A/B that lists this	Current value of the portion you own  Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
Brief description:	Lots 15, 18, and the North 25 feet of Lot 19, Block 1, in Burn's First addition to Rogers, Benton County, Arkansas47 Acre URBAN HOMESTEAD 305 N 9th St Rogers, AR 72756	\$280,000.00	✓ı	<b>\$26,815.59</b>	11 U.S.C. § 522(d)(1)
Line from Schedule A/B:	<u> 1.1</u>			100% of fair market value, up to any applicable statutory limit	
Brief description:	Washer, Stove, Loveseat, Beds (2), Recliner, Table, Desk, Bookcases (2), Chairs (5), Grill, Lamps (4), Dryer, Refrigerator, Microwave, Nightstand, Mirror, Garden Tools (10), Push Lawn Mower, Weed Eater, Dressers (3), Bedding & Linens, Misc. Kitchenware, Household Tools, Seasonal Items.	\$1,500.00	SJ.	\$1,500.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit	11 0.0.0. 3 022(u)(u)

Debtor 1

Brief description	on of the property and	Current value of the	Am	ount of the exemption you claim	Specific laws that allow exemption
line on <i>Schedι</i> property	le A/B that lists this	portion you own		eck only one box for each exemption.	
property		Copy the value from Schedule A/B		, ,	
Brief description:	Televisions (3), Smart Speaker, Surround System, Printer, Cell Phone, Game Console, Wireless Bluetooth Headphones, Wi-Fi & Networking equipment, Computers (2), Camera, Tablet/e- reader, Apple Wach (or similar).	\$3,000.00	Ø	\$3,000.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	7			100% of fair market value, up to any applicable statutory limit	11 0.0.0. 3 022(0)(0)
Brief	Family Photos,	\$300.00		any approadio diatatory mint	
description:	VHS Disney Movies, 3' Tall Power Ranger, Beanie Baby McDonald's Toys				
	(1997).		<b>⊴</b>	\$300.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	8			100% of fair market value, up to any applicable statutory limit	
Brief description:	Paddleboards (2), Camping Gear, Board Games (10), Sewing Machine.	\$500.00	<u> </u>	\$500.00	44 IJ S.C. S E22/4/V2)
Line from Schedule A/B:	9			100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief	.45 Pisol, 12 g.	\$2,000.00		,	
description:	Shotgun, 9 mil. Pistol.				
_ine from	. 13101.		<b>☑</b>	\$2,000.00 100% of fair market value, up to	11 U.S.C. § 522(d)(5)
Schedule A/B:	10			any applicable statutory limit	
Brief description:	Shirts, Pants, Leggings, Jeans, Shorts, Skirts, Dresses, Robes, Jackets, Hoodies, Sweats, Gloves, Shoes, Boots, Hats, Handbags,	\$300.00			
	Wallets, Scarfs.		$\checkmark$	\$300.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	11			100% of fair market value, up to any applicable statutory limit	

Debtor 1

 Stacy
 M
 Laney
 Case number (if known)
 5:25-bk-70805

 First Name
 Middle Name
 Last Name

	on of the property and ule A/B that lists this	Current value of the portion you own		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemptio
20-21.13		Copy the value from Schedule A/B			
Brief description:	Necklaces, Earrings, Watches.	\$200.00	<b>⊴</b>	\$200.00	11 U.S.C. § 522(d)(4)
ine from Schedule A/B:	12			100% of fair market value, up to any applicable statutory limit	
Brief escription:	Dogs (3)	\$15.00	<b>4</b>	<b>#45.00</b>	44.11.0.0.0.500(1)(4)
ine from Schedule A/B:	13			\$15.00  100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Brief	Cash	\$5.00			
lescription: .ine from Schedule A/B:	16		<b>⊴</b>	\$5.00  100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief lescription:	USAA Checking account	\$0.70	<b>1</b>		44 11 0 0 0 5 500(-1)/5
ine from Schedule A/B:	17			\$0.70  100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief lescription:	USAA Checking account	\$0.51	<b>4</b>	\$0.51	11 U.S.C. § 522(d)(5)
ine from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	11 0.5.0. § 322(0)(3)
Brief	USAA	\$0.10			
lescription:	Checking account			\$0.10	11 U.S.C. § 522(d)(5)
ine from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	_
Brief lescription:	Apple Cash	\$1.33			
lescription.	Other financial account		Ą	\$1.33	11 U.S.C. § 522(d)(5)
ine from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	_
Brief	City of Rogers	\$75.00			
lescription:	Water			\$75.00	11 U.S.C. § 522(d)(5)
ine from Schedule A/B:				100% of fair market value, up to any applicable statutory limit	_
Brief lescription:	401(k) QDRO owed from divorce (ex-spouse refuses to turn over, nothing received in	\$17,000.00			
	over a year)		<b>A</b>	\$17,000.00	11 U.S.C. § 522(d)(12)
ine from Schedule A/B:	30			100% of fair market value, up to any applicable statutory limit	

Till in this informs	ation to identify yo								
Fill in this inform	ation to identify yo	ur case:							
Debtor 1	Stacy	М		Laney					
	First Name	Middle Nan	ne	Last Name					
Debtor 2									
(Spouse, if filing)	First Name	Middle Nan	me	Last Name					
United States B	ankruptcy Court fo	or the:	Western	District of	Arkansas				
Case number (i known)	5:25-bk-70805	j							this is an
								amende	d filing
<u>Official Forn</u>	n 106D								
Schedu	le D: Cre	editors \	Who I	Have Clai	ms Sec	ured b	ру Р	roperty	12/15
more space is no name and case n 1. Do any cred \( \sum \) No. Chec \( \sum \) Yes. Fill i	eeded, copy the A number (if known) itors have claims	Additional Page,  secured by you omit this form to the tion below.	fill it out, n	number the entries, a	and attach it to t	this form. On	the top	supplying correct info of any additional pag his form.	
		9.4				0.11		0.1.	0.10
				ecured claim, list the operation are claim, list the		Column A  Amount of	alaim	Column B  Value of collateral	Column C Unsecured
	Part 2. As much a			alphabetical order acc		Do not deduct	t the	that supports this claim	portion  If any
2.1 Ally Fina	ıncial	De	escribe the	property that secure	es the claim:		45.00	\$20,000.00	\$9,545.00
Creditor's N		20	025 Volks	wagen Jetta					
Number	Street  olis, MN 55438- State	0000	s of the dat Contingen Unliquidat Disputed		is: Check all tha	t apply.			
Who owes	the debt? Check	one. Na	ature of lier	n. Check all that apply	<b>'</b> .				
☑ Debtor	-		-	ment you made (such		secured car lo	an)		
☐ Debtor	2 only 1 and Debtor 2 on			lien (such as tax lien, r t lien from a lawsuit	nechanic's lien)				
	t one of the debtor	_		cluding a right to					
☐ Check	if this claim relat unity debt	es to a	- ,						
Date debt	was incurred	La	st 4 digits	of account number					

\$29,545.00

Add the dollar value of your entries in Column A on this page. Write that number here:

### 5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 17 of 67

Debtor 1	Stacy M		Laney		Case number (if known) 5:25-bk-70805				
	First Name	Middle Na	ame Last Name		, ,				
Part 1:	Additional Page After listing any followed by 2.4,	entries on thi	s page, number them beginning v	vith 2.3,	Column A  Amount of claim  Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any		
2.2 Credi	t Acceptance		Describe the property that secu	res the claim:	\$9,632.84	\$2,500.00	\$7,132.84		
	r's Name ox 513		2019 Chevrolet Trax						
	nfield, MI 48037-0		As of the date you file, the claim  Contingent Unliquidated	is: Check all tha	t apply.				
City	State wes the debt? Che	ZIP Code	☐ Disputed  Nature of lien. Check all that appl						
☐ Del☐ Del☐ Del☐ Del☐ At I anc	otor 1 only otor 2 only otor 1 and Debtor 2 east one of the deb other eck if this claim re	only tors and	✓ An agreement you made (such ☐ Statutory lien (such as tax lien, ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)	as mortgage or	secured car loan)				
Date d	ebt was incurred		Last 4 digits of account number						
	lom Mortgage		Describe the property that secur	res the claim:	\$253,184.41	\$280,000.00	\$0.00		
	r's Name  Box 619063  r Street		Lots 15, 18, and the North 29 Benton County, Arkansas4 305 N 9th St Rogers, AR 72756			's First addition to I	Rogers,		
<b>Dalla</b> : City	s, TX 75261 State	ZIP Code	As of the date you file, the claim  Contingent Unliquidated Disputed	is: Check all tha	t apply.				
Del Del Del At I and Che cor	wes the debt? Che otor 1 only otor 2 only otor 1 and Debtor 2 east one of the deb other eck if this claim re mmunity debt	only tors and	Nature of lien. Check all that appl  ✓ An agreement you made (such  ─ Statutory lien (such as tax lien,  ─ Judgment lien from a lawsuit  ─ Other (including a right to offset)	a as mortgage or s mechanic's lien)	secured car loan)				
	ebt was incurred		Last 4 digits of account number			1			
	•		Column A on this page. Write that		\$262,817.25				
If this i	s the last page of	your form, add	the dollar value totals from all pa	iges.					

Write that number here:

Debtor 1

#### 5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 18 of 67

Debtor 1 М Case number (if known) 5:25-bk-70805 Stacy Laney First Name Middle Name Last Name Column A Column B Column C Additional Page Amount of claim Value of collateral Unsecured Part 1: that supports this portion After listing any entries on this page, number them beginning with 2.3, Do not deduct the claim followed by 2.4, and so forth. value of collateral. If any 2.4 **Performance Finance** Describe the property that secures the claim: \$11,000.00 \$9,000.00 \$2,000.00 Creditor's Name 2023 Indian Scout 650 Dundee Rd Ste. 370 Number Street As of the date you file, the claim is: Check all that apply. □ Contingent Unliquidated Northbrook, IL 60062 Disputed ZIP Code City State Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured car loan) Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Debtor 1 and Debtor 2 only Judgment lien from a lawsuit ☐ Other (including a right to ■ At least one of the debtors and another offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: \$11,000.00 If this is the last page of your form, add the dollar value totals from all pages. \$303,362.25 Write that number here:

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 19 of 67

Debtor 1	Stacy	M	Laney	Case number (if known) 5:25-bk-70805			
	First Name	Middle Name	Last Name				
Part 2:	List Others to	Be Notified for a De	ebt That You Alrea	dy Listed			
agency is tr	ying to collect from	n you for a debt you ov	ve to someone else, l ts that you listed in F	y for a debt that you already listed in Part 1. For example, if a collection list the creditor in Part 1, and then list the collection agency here. Similarly, Part 1, list the additional creditors here. If you do not have additional apage.			
1. Wilso	n & Associates, P.L.L.C.			On which line in Part 1 did you enter the creditor? 2.3			
Name							
400 W	lest Capitol Ave	nue Ste 1400		Last 4 digits of account number			
Numbe	r Street						
Little	Rock, AR 72201						
City	·	State	ZIP Code				

					1	
Fill in this	information to identify you	r case:				
Debtor 1	Stacy	М	Laney			
	First Name	Middle Name	Last Name	_		
Debtor 2						
(Spouse,	if filing) First Name	Middle Name	Last Name			
United S	States Bankruptcy Court for	the: Weste	District of	Arkansas		
Case ni	mber <b>5:25-bk-70805</b>					
(if known						Check if this is an
					1	amended filing
<u>Official</u>	Form 106E/F					
Sche	edule E/F: Cr	reditors W	ho Have Ur	nsecured Cla	aims	12/15
Be as con	nlete and accurate as no	ssible Use Part 1 for	creditors with PRIORIT	Y claims and Part 2 for cre	aditors with NONPRIOR	ITV claims. List the
	·			a claim. Also list executory		
	•	•	•	Official Form 106G). Do no	•	
			· · · · · · · · · · · · · · · · · · ·	<i>operty</i> . If more space is ne s page. On the top of any a		
number (i		tile left. Attach the O	ontinuation rage to this	s page. On the top of any t	additional pages, write	your name and case
Part 1	List All of Your P	RIORITY Unsecure	ad Claims			
	iny creditors have priority No. Go to Part 2.	y unsecured claims a	gainst you?			
		IONDDIODITY				
Part 2	: List All of Your N	ONPRIORITY Unse	ecured Claims			
3. Do a	nny creditors have nonpri	iority unsecured clain	ns against you?			
<b>☑</b> :	No. You have nothing to rep ⁄es	oort in this part. Submit	this form to the court with	n your other schedules.		
4. List	all of your nonpriority un	secured claims in the	alphabetical order of t	he creditor who holds eac	h claim. If a creditor has	more than one
non	priority unsecured claim, list	t the creditor separately	y for each claim. For each	n claim listed, identify what ty	ype of claim it is. Do not I	ist claims already
	ided in Part 1. If more than ns fill out the Continuation F	•	articular claim, list the oth	er creditors in Part 3.If you h	nave more than three non	priority unsecured
o.a		age of Fait 2				Total claim
4.1 4.2		_				
	Republic Bank Trust C	Co.	Last 4 digits of	account number	<del></del>	\$2,229.00
	npriority Creditor's Name  Allied Dr		When was the o	lebt incurred?		
	mber Street		<u> </u>			
			As of the date y	ou file, the claim is: Check	call that apply.	
Fo	asterville Trevose, PA	19053	Contingent			
City		ZIP C	Unliquidated Disputed			
•	o incurred the debt? Che	ck one	□ Disputed			
	Debtor 1 only	CK OHE.		IORITY unsecured claim:		
	Debtor 2 only		Student loan			P. L. A. C.
	Debtor 1 and Debtor 2 only	y	Obligations a priority claim	rising out of a separation ag	greement or divorce that y	ou did not report as
	At least one of the debtors		Debts to pen	sion or profit-sharing plans,	and other similar debts	
	Check if this claim is for	a community debt	✓ Other. Specing	y Credit Card	_	
ls t	he claim subject to offset	?				
$\mathbf{\Delta}$	No					
	Yes					

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 21 of 67

Debtor 1 Stacy М Laney Case number (if known) 5:25-bk-70805 First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim **American Express** Last 4 digits of account number \$300.00 Nonpriority Creditor's Name When was the debt incurred? PO Box 981537 Street As of the date you file, the claim is: Check all that apply. Contingent El Paso, TX 79998-0000 Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only ■ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ☐ At least one of the debtors and another ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify Credit Card Is the claim subject to offset? **☑** No Yes

Nonpriority Creditor's Name			When was the debt incurred?		
402 West B	roadway 21st Fl		Then was the dest mounted.		
Number	Street		As of the date you file, the claim is: Check all that apply.		
San Diego,	CA 92101		Contingent		
			- Unliquidated		
City	State	ZIP Code	☐ Disputed		
Debtor 1 o Debtor 2 o Debtor 1 a At least on	-		Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Attorney Fees		
Is the claim s	ubject to offset?				

Last 4 digits of account number

☐ Yes

**Antonyan Miranda LLP** 

Nonpriority Creditor's Name

\$2,534.00

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 22 of 67

Pa	Your NONPRIORITY Unsecured Claims	- Continuation Page			
After	listing any entries on this page, number them beginnin	ng with 4.4, followed by 4.5, and so forth.			
4.4	Capital One	Last 4 digits of account number\$3,500.00	<u>)</u>		
	Nonpriority Creditor's Name	When was the debt incurred?			
	P.O. Box 30285	when was the dept incurred:			
	Salt Lake City, UT 84130  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	As of the date you file, the claim is: Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card	ort as		
4.5	Chexsystems	Last 4 digits of account number\$0.00	)		
	Nonpriority Creditor's Name Attn: Consumer Relations	When was the debt incurred?			
	7805 Hudson Rd Ste 100	As of the date you file, the claim is: Check all that apply.			
	Number Street	Contingent			
	Saint Paul, MN 55125-1595	□ Unliquidated			
	City State ZIP Code	☐ Disputed			
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?	Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Notice Only			
	☑ No □ Yes				

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 23 of 67

Pa	Your NONPRIORITY Unsecured Claims –	Continuation Page	
After	listing any entries on this page, number them beginnin	g with 4.4, followed by 4.5, and so forth.	Total claim
4.6	Comenity Bank (Victorias Sec)	Last 4 digits of account number	\$100.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	PO Box 182273		
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Columbus, OH 43218-0000	Contingent	
	City State ZIP Code	. ☐ Unliquidated ☐ Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	☑ Debtor 1 only ☐ Debtor 2 only	☐ Student loans	
	Debtor 2 only  Debtor 1 and Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did no priority claims</li> </ul>	ot report as
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Check if this claim is for a community debt	☑ Other. Specify Credit Card	
	Is the claim subject to offset?		
	☑ No		
	☐ Yes		
4.7	Equifax	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	Po Box 9701		
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Allen, TX 75013-9701	Contingent	
	City State ZIP Code	Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	☑ Debtor 1 only	Student loans	
	☐ Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did no</li> </ul>	nt report as
	Debtor 1 and Debtor 2 only	priority claims	or report as
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Check if this claim is for a community debt	Other. Specify Notice Only	
	ls the claim subject to offset?		
	☑ No		
	☐ Yes		

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 24 of 67

Pa	rt 2: Your NONPRIORITY Unsecured Claims —	Continuation Page					
After	listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so forth.	Total claim				
4.8	Experian	Last 4 digits of account number					
	Nonpriority Creditor's Name Po Box 4500	When was the debt incurred?					
	Number Street	As of the date you file, the claim is: Check all that apply.					
	Allen, TX 75013-1311  City State ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed					
4.9	Who incurred the debt? Check one.  ✓ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another  □ Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No  □ Yes  FinWise Bank	Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Notice Only					
	Nonpriority Creditor's Name  756 E. Winchester St Ste. 100	Last 4 digits of account number  When was the debt incurred?	\$774.00				
	Number Street	As of the date you file, the claim is: Check all that apply.					
	Salt Lake City, UT 84107	☐ Contingent ☐ Unliquidated					
	City State ZIP Code	☐ Disputed					
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?	Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card					
	☑ No □ Yes						

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 25 of 67

Pa	rt 2: Your NONPRIORITY Unsecured Claims —	Continuation Page
After	listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so forth.  Total claim
4.10	Mercy	Last 4 digits of account number \$2,500.00
	Nonpriority Creditor's Name	When we the debt from 10
	P.O. Box 505557	When was the debt incurred?
	Number Street	
		As of the date you file, the claim is: Check all that apply.
	Saint Louis, MO 63150	☐ Contingent☐ Unliquidated☐
	City State ZIP Code	☐ Disputed
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:
	☑ Debtor 1 only	☐ Student loans
	☐ Debtor 2 only	☐ Obligations arising out of a separation agreement or divorce that you did not report as
	Debtor 1 and Debtor 2 only	priority claims
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts
	☐ Check if this claim is for a community debt	☑ Other. Specify Medical Bill
	Is the claim subject to offset?	
	☑ No	
	☐ Yes	
4.11	Mission Lane	Last 4 digits of account number \$300.00
	Nonpriority Creditor's Name	When was the debt incurred?
	Po Box 105286	when was the debt incurred?
	Number Street	As of the date you file, the claim is: Check all that apply.
		Contingent
	Atlanta, GA 30348-5286	Unliquidated
	City State ZIP Code	☐ Disputed
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:
	☑ Debtor 1 only	☐ Student loans
	☐ Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as
	Debtor 1 and Debtor 2 only	priority claims
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts
	☐ Check if this claim is for a community debt	☑ Other. Specify Credit Card
	Is the claim subject to offset?	
	☑ No	
	☐ Yes	

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 26 of 67

Pa	rt 2: Your NONPRIORITY Unsecured Claims —	Continuation Page					
After	listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so forth.	Total claim				
4.12	PikePass Oklahoma Turnpike Authority	Last 4 digits of account number	\$77.50				
	Nonpriority Creditor's Name	When was the debt incurred?					
	3500 North MLK Ave	when was the dept incurred?					
	Number Street						
		As of the date you file, the claim is: Check all that apply.					
	Oklahoma City, OK 73111	☐ Contingent☐ Unliquidated☐					
	City State ZIP Code	☐ Disputed					
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:					
	☑ Debtor 1 only	☐ Student loans					
	☐ Debtor 2 only	<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that you did no</li></ul>	ot roport oo				
	☐ Debtor 1 and Debtor 2 only	priority claims	ot report as				
	☐ At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Check if this claim is for a community debt	☑ Other Specify Fees					
	Is the claim subject to offset?						
	☑ No						
	☐ Yes						
4.13	TMobile	Last 4 digits of account number	\$145.00				
	Nonpriority Creditor's Name						
	PO Box 37380	When was the debt incurred?					
	Number Street						
		As of the date you file, the claim is: Check all that apply.					
	Albuquerque, NM 87176	☐ Contingent ☐ Unliquidated					
	City State ZIP Code	☐ Disputed					
	Who incurred the debt? Check one.						
	☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:					
	Debtor 2 only	Student loans					
	Debtor 1 and Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did no priority claims</li> </ul>	ot report as				
	☐ At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts					
	☐ Check if this claim is for a community debt	☑ Other Specify Service Provider					
	Is the claim subject to offset? ☑ No ☑ Yes						

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 27 of 67

Pa	Your NONPRIORITY Unsecured Claims –	Continuation Page				
After	listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so forth.	Total claim			
4.14	Trans Union	Last 4 digits of account number	\$0.00			
	Nonpriority Creditor's Name	When was the debt incurred?				
	Po Box 2000	When was the dept incurred:				
	Number Street  Chester, PA 19016-2000 City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No □ Yes	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Notice Only	report as			
4.15	Uplift Nonpriority Creditor's Name 440 N. Wolfe Rd	Last 4 digits of account number \$179.00  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.				
	Number Street					
	Sunnyvale, CA 94085	☐ Contingent ☐ Unliquidated				
	City State ZIP Code	☐ Disputed				
	Who incurred the debt? Check one.  ✓ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No □ Yes	Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not repor priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card				

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 29 of 67

F	Part 3: List Others to	o Be Notific	ed About a Debi	t That You Already Listed			
5.	collection agency is tryin agency here. Similarly, if	g to collect f you have mo	rom you for a deb ore than one credi	t you owe to someone else, lis	that you already listed in Parts 1 or 2. For example, if a st the original creditor in Parts 1 or 2, then list the collection u listed in Parts 1 or 2, list the additional creditors here. If fill out or submit this page.		
1.	NCB Management Serv	vices		On which entry in Part 1 or	Part 2 did you list the original creditor?		
	Name				☐ Part 1: Creditors with Priority Unsecured Claims		
	PO Box 1099			— Of (Officer offe).	☑ Part 2: Creditors with Nonpriority Unsecured Claims		
	Number Street			Last 4 digits of account nu	mber		
	Langhorne, PA 19047-			<u> </u>			
	City	State	ZIP Code				
2.	04CV-24-2306			On which entry in Part 1 or	Part 2 did you list the original creditor?		
	Name			Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
	Benton County Circuit	Court		(	☑ Part 2: Creditors with Nonpriority Unsecured Claims		
	102 NE A St			Last 4 digits of account nu	mber		
	Number Street				<del></del>		
	Bentonville, AR 72712	0	710.0	_			
	City	State	ZIP Code				
3.	Capital One			On which entry in Part 1 or	Part 2 did you list the original creditor?		
	Name			Line 4.4 of (Check one):	Part 1: Creditors with Priority Unsecured Claims		
	c/o Lloyd & McDaniel, PLC			<del>_</del>	☑ Part 2: Creditors with Nonpriority Unsecured Claims		
	PO Box 23200			Last 4 digits of account number			
	Number Street				<del></del>		
	Louisville, KY 40223	0	710.0	_			
	City	State	ZIP Code				
4.	Midland Credit Manage	ement		On which entry in Part 1 or	Part 2 did you list the original creditor?		
	Name			Line 4.6 of (Check one):	Part 1: Creditors with Priority Unsecured Claims		
	350 Camino De La Rei	na Ste 100		_	☑ Part 2: Creditors with Nonpriority Unsecured Claims		
	Number Street			Last 4 digits of account nu	mber		
	Can Diama CA 02400 3	2007		_			
	San Diego, CA 92108-3	State	ZIP Code	_			
5.		Olato	Zii Gode		<b>-</b>		
J.	Wakefield & Assoc			On which entry in Part 1 or	Part 2 did you list the original creditor?		
	Name PO Box 50250			Line 4.10 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims		
	Number Street			<del>_</del>	Part 2: Creditors with Nonpriority Unsecured Claims		
				Last 4 digits of account nu	mber		
	Knoxville, TN 37950-00	000		_			
	City	State	ZIP Code	_			
6.	Jefferson Capital Syst	ems		On which entry in Part 1 or	Part 2 did you list the original creditor?		
	Name	CITIO		_	_		
	200 14th Ave			Line 4.15 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims		
	Number Street			_	, ,		
				Last 4 digits of account nu	mber		
	Sartell, MN 56377						
	City	State	ZIP Code	_			

Debtor 1

 Stacy
 M
 Laney
 Case number (if known)
 5:25-bk-70805

 First Name
 Middle Name
 Last Name

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. **Total claim Total claims** 6a. **Domestic support obligations** 6a. \$0.00 from Part 1 6b. Taxes and certain other debts you owe the government 6b. \$0.00 Claims for death or personal injury while you were 6c. 6c. \$0.00 intoxicated Other. Add all other priority unsecured claims. 6d. 6d. \$0.00 Write that amount here. Total. Add lines 6a through 6d. 6e. \$0.00 **Total claim Total claims** 6f. Student loans 6f. \$0.00 from Part 2 6g. Obligations arising out of a separation agreement or 6g. \$0.00 divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other 6h. 6h. \$0.00 similar debts 6i. Other. Add all other nonpriority unsecured claims. 6i. \$12,638.50 Write that amount here.

6j.

\$12,638.50

6j.

Total. Add lines 6f through 6i.

Fill in this inform	ation to identify your ca	ase:			
Debtor 1	Stacy	М	Laney		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States E	Sankruptcy Court for the	e: Wester	<b>n</b> D	istrict of	Arkansas
Case number	5:25-bk-70805				
(if known)					

#### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - 🗹 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or comp	pany with whom you have the	ne contract or lease	State what the contract or lease is for
2.1	Planet Fitness	i		Gym Membership
	Name			
	100 N Dixielan	d Rd		
	Number	Street		
	Rogers, AR 72	756-0000		
	City	State	ZIP Code	
2.2	Verizon			Cell Phone Service
	Name			
	P.O. Box 408			
	Number	Street		
	Newark, NJ 07	101		
	City	State	ZIP Code	
2.3				
	Name			
	Number	Street		
	City	State	ZIP Code	
2.4				
	Name			
	Number	Street		
	City	State	ZIP Code	

### 5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 32 of 67

Fill in	this inform	nation to identify you	r case:					
Deb	tor 1	Stacy	М	Laney				
		First Name	Middle Name	Last Name				
Deb	tor 2							
(Spo	use, if filing)	First Name	Middle Name	Last Name		-		
Unit	ed States I	Bankruptcy Court for	the: Weste	rn District of	Arkans	as		
		. ,						
(if kn		5:25-bk-70805						Check if this is an
							_	amended filing
Offic	<u>ial For</u>	<u>m 106H</u>						
Scl	nedu	le H: You	ır Codebto	rs				12/15
					. Po as com	nloto and accu	urata as passible. If	two married people are
iling t	ogether, k	ooth are equally res	sponsible for supplying	g correct information. I	f more space	e is needed, co	opy the Additional F	Page, fill it out, and number ame and case number (if
		every question.	, retuon ino reduciona	r ago to timo pagor on	ino top or un	y maanionan	agoo, willo your in	mo ana sass namber (n
1.	Do you h	ave any codebtors	2 (If you are filing a join	t case, do not list either s	enouse as a c	odebtor )		
••	□ No	lave any codebiors	it (ii you are iiiiig a joiii	t case, do not list ettrier s	pouse as a c	odebior.)		
	<b>√</b> Yes							
2.	Within th	o last 8 voars have	e vou lived in a comm	ınity property state or t	erritory2 (C	ommunity prope	arty states and territo	ories include Arizona
۷.		•	•	uerto Rico, Texas, Washi	• `		erty states and territo	nes include Anzona,
		So to line 3.						
	Yes. [	Did your spouse, for	mer spouse, or legal equ	uivalent live with you at th	ne time?			
	☐ N	0						
	☐ Ye	es. In which commur	nity state or territory did	you live?		Fill in the i	name and current ad	ldress of that person.
	_				_			
	N	lame of your spouse	, former spouse, or lega	l equivalent				
		lumber	Street		_			
			Olicot					
	C	City	State	ZIP Code	<del></del>			
3.	In Colum	on 1 list all of your	andahtara Da nat inal	udo vour spouso as a	andahtar if v	our chouse is	filing with you lie	t the person shown in line
Э.	2 again a	is a codebtor only i	if that person is a guar	antor or cosigner. Mak	e sure you h	ave listed the	creditor on Schedu	le D (Official Form 106D),
	Schedule	e <i>E/F</i> (Official Form	106E/F), or Schedule	G (Official Form 106G).	Use Schedu	ıle D, Schedul	e E/F, or Schedule	G to fill out Column 2.
	Column 1	: Your codebtor				Column 2: Th	he creditor to whon	you owe the debt
						Check all sch	nedules that apply:	
3.1	Nichola	is Laney						
	Name					✓ Schedule	D, line 2.2	
	2744 Aı	rrowhead St				☐ Schedule	E/F, line	
	Number		Street			☐ Schedule	G, line	
	North L	as Vegas, NV 89	030					
	City		State		ZIP Code			
3.2	West La	aney						
	Name	· <b>,</b>				✓ Schedule	e D, line	<u> </u>
	9326 Ev	an Way				☐ Schedule	E/F, line	
	Number	-	Street			_	e G, line	
	Bluffto	n, SC 29910-9336	i			_ Goriedule		<del>_</del>
	City		State		ZIP Code			

Official Form 106H Schedule H: Codebtors page 1 of 1

### 5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 33 of 67

Fill in this information to identify your case:									
Debtor 1	Stacy	M	Laney						
	First Name	Middle Name	Last Name						
Debtor 2									
(Spouse, if filing)	First Name	Middle Name	Last Name		Check if this is:				
United States E	Bankruptcy Court for the	e: Western	District of	Arkansas	<ul><li>An amended filing</li><li>A supplement showing postpetition</li></ul>				
Case number	5:25-bk-70805				13 income as of the following dat				
(if known)					MM / DD / YYYY				

### Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

thi	s form. On the top of any addition	nal pages, write your name and	d case numbe	er (if know	vn). Ans	wer every q	uestion.	•	
	Part 1: Describe Employn	nent							
1.	. Fill in your employment information.		Debtor 1				Debtor 2	or non-filing sp	ouse
	If you have more than one job, attach a separate page with	Employment status	☑ Employed □ Not employed				☐ Emplo	•	
	information about additional employers.		Inchestion	ooordin	ator				
	Include part-time, seasonal, or self-employed work.	Occupation	Inspection coordinator						
	Occupation may include student or homemaker, if it applies.	Employer's name	ReMax						
	,	Employer's address	P.O. Box 2						
			Number	Street			Number Street		
							-		
			Bentonville, AR 72712						
			City	State	•	ZIP Code	City	State	ZIP Code
		How long employed there?	6 months						
	Part 2: Give Details Abou	t Monthly Income							
	Estimate monthly income as of unless you are separated.	the date you file this form. If y	ou have nothin	ng to repo	rt for an	y line, write \$	0 in the space	e. Include your no	on-filing spouse
	If you or your non-filing spouse habelow. If you need more space, at			rmation fo	r all emp	oloyers for th	at person on t	he lines	
					For D	ebtor 1	For Debte		
2.	List monthly gross wages, sala deductions). If not paid monthly, c			2. <u> </u>	9	2,946.67			
3.	. Estimate and list monthly overt	ime pay.		3. <b>+</b> _		\$0.00	+		
4.	. Calculate gross income. Add lin	e 2 + line 3.		4.	\$2	2,946.67			

Official Form 106l Schedule I: Your Income page 1

Debtor 1

5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans 5b. \$0.00 Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 5e. Insurance 5e. \$0.00 **Domestic support obligations** 5f. 5f. \$0.00 5g. Union dues 5g. \$0.00 5h. + 5h. Other deductions. Specify: \_\_\_ \$405.51 Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$2,541.15 Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net \$0.00 income. \$0.00 8b. Interest and dividends 8h 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce \$3,050.00 settlement, and property settlement. 8c. \$0.00 8d. Unemployment compensation 8d. \$0.00 8e. Social Security 8e. 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. \$0.00 Specify: 8f. \$0.00 Pension or retirement income 8a. \$462.00 8h. Other monthly income. Specify: Pro Rata Tax Refund 8h. \$3,512.00 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 10. Calculate monthly income. Add line 7 + line 9. \$6,053.15 \$6,053.15 10. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

# 5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 35 of 67

Debtor 1	Stacy	M	Laney	Case number (if known) 5:25-bk-7080	5
	First Name	Middle Name	Last Name	, , , , , , , , , , , , , , , , , , ,	
				result is the combined monthly income.  Statistical Information, if it applies	12. \$6,053.15  Combined monthly income
13. <b>Do yo</b> u	ı expect an increase	or decrease within th	e year after you file this f	orm?	
<b>☑</b> No	O.				
☐ Ye	es. Explain:				

Official Form 106l Schedule I: Your Income page 3

### 5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 36 of 67

Fil	I in this information to	identify your cas	se:				
D	ebtor 1	Stacy	М	Laney			
	_	First Name	Middle Name	Last Name	1	k if this is:	
	ebtor 2					n amended filing	an maata atitian ah antan 40
(5	Spouse, if filing)	First Name	Middle Name	Last Name		supplement snowir xpenses as of the fo	ng postpetition chapter 13 Illowing date:
U	Inited States Bankrupt	cy Court for the:	Wes	tern District			_
_	ase number	5:25-bk-7	0805		N	IM / DD / YYYY	
(i1	f known)						
Of	ficial Form 1	06J					
So	chedule J:	— Your Ex	penses				12/15
Be a	as complete and accu	ırate as possible	e. If two married peo		ogether, both are equally respons		
spa	ce is needed, attach a	another sheet to	this form. On the to	op of any addit	tional pages, write your name and	case number (if kr	own). Answer every question.
Ра	nrt 1: Describe Yo	ur Household	l				
1.	Is this a joint case?						
	☑ No. Go to line 2.						
	Yes. Does Debto	r 2 live in a sepa	arate household?				
	□ <sub>No</sub>						
			_	, Expenses for	Separate Household of Debtor 2.		
2.	Do you have dependent Do not list Debtor 1		✓ No		Dependent's relationship to	Dependent's	Does dependent live
	Debtor 2.  Do not state the dependents' names.		Yes. Fill out this information for each dependent		Debtor 1 or Debtor 2	age	with you?
							- ☐ No. ☐ Yes.
						_	■ No. ■ Yes.
						_	_ □No. □Yes.
							- □No. □Yes.
			<b>-1.</b>				- □No. □Yes.
3.	Do your expenses in expenses of people		<b>⊻</b> ÍNo □ <sub>Yes</sub>				
	yourself and your d	ependents?	- les				
			=				
			Ionthly Expenses				
					using this form as a supplement eck the box at the top of the form		
Inc	clude expenses paid t	or with non-cas	h government assis	stance if vou k	now the value of	V <sub>0</sub>	
	ch assistance and ha		-	-		Yo	ur expenses
4.	The rental or home for the ground or lot.		nses for your reside	<b>ence.</b> Include f	irst mortgage payments and any re	ent 4	\$0.00
	If not included in lin	e 4:					
	4a. Real estate tax	es				4a	\$0.00
	4b. Property, home	owner's, or rente	er's insurance			4b.	\$0.00

4b.

4c.

4d.

\$100.00

\$0.00

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

#### 5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 37 of 67

Case number (if known) 5:25-bk-70805

Debtor 1 Stacy M Laney

00101	Otacy		Laney	- Case Harriser (# Miles	3.23-DK-70003
	First Name	Middle Name	Last Name		
				Yo	ur expenses
Addition	al mortgage paym	ents for your residence,	such as home equity loans	5	\$0.00
Utilities:					
6a. Elec	ctricity, heat, natura	l gas		6a	\$335.00
6b. Wat	er, sewer, garbage	collection		6b	\$100.00
6c. Tele	phone, cell phone,	Internet, satellite, and ca	ble services	6c	\$350.00
6d. Othe	er. Specify:			6d.	\$0.00
Food and	d housekeeping su			7.	\$600.00
Childcare	e and children's ed	lucation costs		8.	\$0.00
Clothing	, laundry, and dry	cleaning		9.	\$100.00
). Personal	care products and	d services		10.	\$200.00
. Medical	and dental expens	es		11.	\$183.00
	rtation. Include gas	s, maintenance, bus or tra s.	in fare.	12.	\$125.00
		eation, newspapers, mag	azines, and books	13.	\$100.00
l. Charitab	le contributions ar	nd religious donations		14.	\$0.00
5. Insuranc		educted from your pay or	ncluded in lines 4 or 20		
	insurance	educted from your pay or	riciadea iii iiiles 4 01 20.	15a.	\$0.00
	Ith insurance			15b.	\$50.00
	icle insurance			15c.	\$259.00
15d. Othe	er insurance. Speci	ify: Dental Insurance		15d	\$48.00
S. <b>Taxes.</b> D	o not include taxes	deducted from your pay	or included in lines 4 or 20.		
Specify:	Personal Prope	erty taxes		16.	\$45.00
7. Installme	ent or lease payme	ents:			
	payments for Vehic			17a	\$0.00
	payments for Vehic			17b.	\$0.00
17c. Othe	er. Specify:			17c	\$0.00
				17d	\$0.00
	•	maintenance, and suppo	ort that you did not report as deducte	<b>ed</b> 18	\$0.00
•		to support others who d	•		
_	-		o not nive with you.	19.	\$0.00
Other rea	al property expens	es not included in lines	or 5 of this form or on Schedule I:	Your Income.	
20a. Mor	tgages on other pro	operty		20a	\$0.00
20b. Rea	l estate taxes			20b	\$0.00
20c. Prop	perty, homeowner's	, or renter's insurance		20c	\$0.00
20d. Mair	ntenance, repair, ar	nd upkeep expenses		20d	\$0.00
20e. Hom	neowner's associati	ion or condominium dues		20e.	\$0.00

## 5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 38 of 67

Stacy	M	Laney	Case number (if known	) <b>5:25-bk-70805</b>
First Name	Middle Name	Last Name		
pecify: See Addition	onal Page		21. +	\$170.00
te your monthly exp	enses.			
d lines 4 through 21.			22a	\$2,765.00
py line 22 (monthly e	expenses for Debtor 2),	if any, from Official Form 106J-2	22b.	\$0.00
d line 22a and 22b. T	The result is your month	ly expenses.	22c	\$2,765.00
te your monthly net	income.			
py line 12 (your coml	bined monthly income)	from Schedule I.	23a. <u> </u>	\$6,053.15
py your monthly expe	enses from line 22c abo	ve.	23b	\$2,765.00
otract your monthly e	expenses from your mor	thly income.		
e result is your <i>mont</i>	thly net income.		23c	\$3,288.15
mple, do you expect	to finish paying for your	car loan within the year or do you expe	ect your	
	First Name  Specify: See Addition  See your monthly expected lines 4 through 21.  The your monthly expected line 22a and 22b. The your monthly net pay line 12 (your company your monthly expected your monthly expected is your monthly expected an increase expect and expect an increase expect an increase expect an increase expect an increase expect and expect an increase expect and expect an increase expect and expect an increase expect an increase expect and expect an inc	First Name Middle Name  Specify: See Additional Page  See your monthly expenses.  Id lines 4 through 21.  In py line 22 (monthly expenses for Debtor 2), in the dilines 22a and 22b. The result is your monthly the your monthly net income.  In py line 12 (your combined monthly income) is py your monthly expenses from line 22c about a property of the py your monthly expenses from your monthly net income.	First Name Middle Name Last Name  Specify: See Additional Page  See your monthly expenses.  It lines 4 through 21.  Pay line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  It line 22a and 22b. The result is your monthly expenses.  See your monthly net income.  Pay line 12 (your combined monthly income) from Schedule I.  Pay your monthly expenses from line 22c above.  Patract your monthly expenses from your monthly income.  Petract your monthly net income.  Petract your monthly net income.  Petract an increase or decrease in your expenses within the year after you file the male, do you expect to finish paying for your car loan within the year or do you expense.	First Name Middle Name Last Name  21. +  Re your monthly expenses.  22a.

## 5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 39 of 67

Debtor 1	or 1 <b>Stacy M Laney</b>		Laney	Case number (if known) 5:25-bk-70805
	First Name	Middle Name	Last Name	
				Amount
21. Other				
Pet Expe	enses			\$150.00
Amazon	Prime/Sam's Club			\$20.00

Fill in this information	to identify your case:	:	
Debtor 1	Stacy	М	Laney
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankr	ruptcy Court for the:	We	stern District of Arkansas
Case number (if known)	5:25-bk-708	805	

#### Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

new Summary and check the box at the top of this page.	
Part 1: Summarize Your Assets	
	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$280,000.00 \$56,394.81 \$336,394.81
Fait 2. Summanze rour Elabinties	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)     2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$303,362.25
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)      3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$12,638.50
Your total liabilities	\$316,000.75
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I	\$6,053.15
Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22c of Schedule J	\$2,765.00

#### 5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 41 of 67

Laney

Case number (if known) 5:25-bk-70805

First Name Middle Name Last Name Answer These Questions for Administrative and Statistical Records Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. **✓** Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$5,996.67 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: **Total claim** From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e.Obligations arising out of a separation agreement or divorce that you did not report as priority \$0.00 claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) \$0.00 9g. Total. Add lines 9a through 9f. \$0.00

Debtor 1

M

Stacy

Fill in this information	to identify your case:	:		
Debtor 1	Stacy	М	Laney	
	First Name	Middle Name	Last Name	_
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankr	ruptcy Court for the:	Wes	stern District of	Arkansas
Case number (if known)	5:25-bk-708	805		

#### Official Form 106Dec

#### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an attorney	y to help you fill out bankruptcy forms?
☑No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the summa	ary and schedules filed with this declaration and that they are true and correct.
X /s/ Stacy M Laney	
Stacy M Laney, Debtor 1	
Date 05/23/2025 MM/ DD/ YYYY	
IVIIVI JUJ TTTT	

Fill in this information	to identify your case:				
Debtor 1	Stacy	М	Laney		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States Bank	ruptcy Court for the:	Wes	stern District of Arkansas		
Case number	5:25-bk-708	305			☐ Check if th
(if known)					amended

#### Official Form 107

## Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

What is your current	marital status?				
☐ Married					
✓ Not married					
During the last 3 year	s, have you lived anywhe	re other than where you li	ve now?		
□ No					
✓ Yes. List all of the ∣	places you lived in the last	3 years. Do not include w	nere you live now.		
Debtor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 live there
			☐ Same as Debtor 1		☐ Same as Debtor 1
10615 Falcon Rim	Point	From <b>2020</b>			_ From
Number Street		To <b>June 2022</b>	Number Street		То
San Diego, CA 92 <sup>-</sup>	131-2309	_			_
City	State ZIP Code	_	City	State ZIP Code	_
			Same as Debtor 1		☐ Same as Debtor 1
		From			_ From
Number Street			Number Street		To
Dity	State ZIP Code	_	City	State ZIP Code	_
Within the last 8 year	s. did vou ever live with a	spouse or legal equivaler	nt in a community propert	v state or territorv?(Com	munity property states a
			, Puerto Rico, Texas, Wasl		
□ No					
🗹 Yes. Make sure yo	u fill out <i>Schedule H:</i> You	Codebtors (Official Form	106H).		

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 44 of 67 Debtor 1 Laney Case number (if known) 5:25-bk-70805 First Name Middle Name Last Name Explain the Sources of Your Income Part 2: 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross Income** Sources of income **Gross Income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, commissions, Wages, commissions, From January 1 of current year until the \$13,600.00 bonuses, tips bonuses, tips date you filed for bankruptcy: Operating a business Operating a business ✓ Wages, commissions, ■ Wages, commissions, For last calendar year: \$17,633.00 bonuses, tips bonuses, tips (January 1 to December 31, 2024 Operating a business Operating a business ✓ Wages, commissions, Wages, commissions, For the calendar year before that: \$34,255.00 bonuses, tips bonuses, tips (January 1 to December 31, 2023 Operating a business Operating a business 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from **Gross Income from** each source each source Describe below. Describe below. (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the Alimony \$15,250.00 date you filed for bankruptcy: For last calendar year: Alimony \$18.300.00 (January 1 to December 31, 2024 For the calendar year before that:

(January 1 to December 31. 2023

Debtor 1 Stacy Laney Case number (if known) 5:25-bk-70805 First Name Middle Name Last Name Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$8,575\* or more? No. Go to line 7. ☐ Yes. List below each creditor to whom you paid a total of \$8,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☑ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Total amount paid Amount you still owe Was this payment for... Dates of payment ■ Mortgage **Performance Finance Various** \$900.00 \$11,000.00 Creditor's Name ☐ Car 650 Dundee Rd Ste. 370 ☐ Credit card Number Loan repayment Northbrook, IL 60062 ☐ Suppliers or vendors City ZIP Code **✓** Other **Motorcycle** \$1,514.00 \$0.00 ■ Mortgage **Capital One Auto Finance Various** Creditor's Name ☐ Car PO Box 259407 ☐ Credit card Number Street Loan repayment Plano, TX 75025-0000 ☐ Suppliers or vendors City State ZIP Code Trade-in **✓** Other **auto** 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. **✓** No Yes. List all payments to an insider.

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 45 of 67

# 5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 46 of 67

ebtor 1	Stacy	M	Laney		Case	number (if knowr	5:25-bk-70805
İ	First Name	Middle Name	Last Name				
			Dates of payment	Total amount paid	Amount you still owe	Reason for th	nis payment
Insider's Name							
Number Stre	eet						
City	State	ZIP Code					
nclude paymen ✓ No	ts on debts guara	anteed or cosign	ed by an insider.	oayments or transfer	any property on acco	ount of a debt th	at benefited an insider?
Tes. List a	ll payments that b	penemed an msi	Dates of payment	Total amount paid	Amount you still owe	Reason for the	
Insider's Name							
Number Stre	eet						
City	State	ZIP Code					
art 4: Identi	fy Legal Actio	ons, Reposses	ssions, and Fored	closures			
	tters, including pe				ction, or administrative tion suits, paternity ac		custody modifications, and
□No							
<b>✓</b> Yes. Fill in	the details.						
		Nat	ture of the case	Cou	ırt or agency		Status of the case
Case title	Capital One, Stacy Laney	N.A. vs.	llection		ton County Circuit	t Court	Pending On appeal
Case number	04CV-24-2306	<u> </u>		Numb	NE A St er Street tonville, AR 72712	-0000	☑ Concluded
				City	Sta		

#### 5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 47 of 67 Debtor 1 Stacy Laney Case number (if known) 5:25-bk-70805 First Name Middle Name Last Name Nature of the case Court or agency Status of the case **Dissolution of Marriage** Case title West Laney vs. **Superior Court of California** Pending Stacy Laney **County of San Diego** On appeal Court Name Case number 22FL005504C **✓** Concluded 1100 Union Street Number Street San Diego, CA 92101 State ZIP Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. ☐ Yes. Fill in the information below. Describe the property Value of the property **Date** Creditor's Name Explain what happened Number Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied. State ZIP Code City 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? **✓** No Yes. Fill in the details. Describe the action the creditor took Date action was Amount taken Creditor's Name Number Street City **7IP** Code State Last 4 digits of account number: XXXX-\_\_\_\_\_\_ 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a courtappointed receiver, a custodian, or another official? **√** No Yes

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 48 of 67 Debtor 1 Stacy Laney Case number (if known) 5:25-bk-70805 First Name Middle Name Last Name List Certain Gifts and Contributions Part 5: 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? **✓** No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you \_ 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? **√**No Yes. Fill in the details for each gift or contribution. Value Gifts or contributions to charities Describe what you contributed Date you that total more than \$600 contributed Charity's Name Number Street City State ZIP Code List Certain Losses Part 6: 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? □No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your loss Value of property lost how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. **Rogers Tornado** House & Fence Insurance Settlement \$12,000 05/2024 \$12,000.00

ebtor 1	Stacy	M	Laney	Case number (if kno	wn) <b>5:25-bk-70805</b>
	First Name	Middle Name	Last Name		
Part 7: Lis	st Certain Paym	ents or Transfe	ers		
	1 year before you fi ing bankruptcy or <sub>l</sub>		y, did you or anyone else acting on your behalf p	pay or transfer any property	to anyone you consulted
Include any	attorneys, bankrup	tcy petition prepar	ers, or credit counseling agencies for services red	quired in your bankruptcy.	
□No					
_					
<b>⊻</b> Yes. F	fill in the details.				
		Desc	ription and value of any property transferred	Date payment or	Amount of payment
	erg Law Firm of			transfer was made	
	as, P.A. no Was Paid	Attor	ney's Fee	05/12/2025	\$750.00
420E N	Shilah Driva ST	E 100		03/12/2023	Ψ100.00
Number	Shiloh Drive ST Street	E 100			
-		<del></del>			
	eville, AR 72703				
City	State	ZIP Code			
Email or w	ebsite address				
Person Wh	no Made the Payment,	if Not You			
. 0.00	io made are i aymem,		ription and value of any property transferred	Date payment or	Amount of payment
Moneys	sharp Credit Cou			transfer was made	
Person Wh	no Was Paid	Credi	it Counseling Course		*
1916 N	Fairfield Ave Ste	e 200		05/09/2025	\$12.00
Number	Street				
Chicag	o, IL 60647-0000				
City		ZIP Code			
•					
Email or w	ebsite address				
Stacy N	/I Laney				
Person Wh	no Made the Payment,	if Not You			
17. Within 1	1 year before you fi	led for bankruptcy	y, did you or anyone else acting on your behalf p	pay or transfer any property	to anyone who promised to
			yments to your creditors?		
_	ude any payment or	uansiei mat you i	isieu on ille 10.		
<b>√</b> No					
☐ Yes. F	ill in the details.				
		Desc	ription and value of any property transferred	Date payment or	Amount of payment
		2000	riphon and value of any property number of	transfer was made	ranount of paymont
Person Wh	no Was Paid				
Number	Street	<del></del>			
ivullibel	Street				
City	State	ZIP Code			

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 49 of 67

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 50 of 67 Debtor 1 Stacy Laney Case number (if known) 5:25-bk-70805 First Name Middle Name Last Name 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. ☐ No Yes. Fill in the details. Description and value of property Describe any property or payments Date transfer was transferred received or debts paid in exchange made 2021 Dodge Ram **Crain Automotive Holdings** Even equity trade for the vehicle disclosed Person Who Received Transfer on Schedule B. 04/2025 2011 W Foxglove Dr Number Street Fayetteville, AR 72704 State ZIP Code Person's relationship to you Unrelated At various times Debtor transferred All repaid in Jan and Feb 2025 **Jesus Antonio Gambetta** approx. \$5000 to the transferee. various Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you **Boyfriend** 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) **✓**No ☐ Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust -List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. **✓** No Yes. Fill in the details.

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 51 of 67

	Stacy	М	Laney		Case number (if known) 5:	23-DK-70003
	First Name	Middle	Name Last Name			
			Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Fi	inancial Institution		XXXX	Checking		
				Savings		
Number	Street			☐ Money market☐ Brokerage		
				Other		
City	State	ZIP Code				
<b>luables?</b> <b>√</b> 1No		you have wh	hin 1 year before you filed for bankru	pros, any sale deposit b	ox or outer appearery for t	
			Who else had access to it?	Describe the co	ontents	Do you still have it?
						□No
Name of Fi	inancial Institution		Name			Yes
Mumbar	Street		Number Street	_		
Number						
Number			City State ZIP Cod	le		
	State	ZIP Code	City State ZIP Cod	de		
City 2. Have yo ☑ No			City State ZIP Code		filed for bankruptcy?	
City ∴ Have yo	ou stored property			within 1 year before you		Do you still have it?
City . <b>Have yo</b> ☑ No ☑ Yes. F	ou stored property		e unit or place other than your home  Who else has or had access to it?	within 1 year before you		it? ☐ No
City . Have yo ☑ No ☑ Yes. F	ou stored property		e unit or place other than your home	within 1 year before you		it?
<b>☑</b> No ☐ Yes. F	ou stored property		e unit or place other than your home  Who else has or had access to it?	within 1 year before you		it? ☐No
City  ∴ Have you  ✓ No  ☐ Yes. F	ou stored property ill in the details. torage Facility		who else has or had access to it?	Describe the co		it? ☐ No

ebtor 1	Stacy	M	Laney	Case number (if kno	own) 5:25-bk-70805
art 9: Ide	First Name ntify Property	Middle Name You Hold or Cont	Last Name rol for Someone Else		
□No	old or control an	y property that some	one else owns? Include a	ny property you borrowed from, are storing fo	r, or hold in trust for someon
Yes. Fill	in the details.	Where	e is the property?	Describe the property	Value
West P L		305 N	I 9th St	Personal Belongings	\$2,000.00
9326 Eva	an Way	Number	r Street		
Number	Street	Roge City	rs, AR 72756 State ZIP C	Code	
Bluffton,	SC 29910 State	ZIP Code			
rt 10: Gi	ve Details Abo	out Environmenta	l Information		
. <b>Has any</b> ( <b>√</b> No				ess of when they occurred. ially liable under or in violation of an environm	ental law?
		Govern	nmental unit	Environmental law, if you know it	Date of notice
Name of site	3	Governm	nental unit	_	
Number	Street	Number	Street	_	
		City	State ZIP Code	_	
City	State	ZIP Code			
E Have you	notified any go	vernmental unit of an	u ralages of bazardaus m	ntoriol2	
S. Have you ✓ No	i nounieu any gov	verminental unit of all	y release of hazardous ma	atoriar:	
Yes. Fill	in the details.				

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 52 of 67

# 5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 53 of 67

S. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.    No     Yes. Fill in the details.   Court or agency   Nature of the case   Status of the case	tor 1	Stacy	M	Laney		Case number (if known	5:25-bk-70805
Name of site    Governmental unit		First Name	Middle N	ame Last Name			
Number Street    Number Street   Number Street				Governmental unit	Environmental	law, if you know it	Date of notice
Number Street    Number Street   Number Street	Name of cite			Povornmental unit			
City State ZIP Code  Court or agency Nature of the case Status of the case  Case title Pending On appeal Concluded  City State ZIP Code  Court Name  City State ZiP Code  City State ZiP Code  Court Name  Court Name  City State ZiP Code  City Court Name	name or site			Sovernmental unit			
At the very our been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.    No   Yes. Fill in the details.   Court or agency   Nature of the case   Status of the case   Pending   On appeal   On appeal   Concluded   Court Name   On appeal   Concluded   Conc	Number S	Street	<u> </u>	Number Street			
Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.    No   Yes. Fill in the details.   Court or agency   Nature of the case   Status of the case   Pending   On appeal   On appeal   Concluded				City State ZIP Code			
Case title	City	State Z	IP Code				
Case title							
Case title  Court or agency  Nature of the case  Case title  Court Name  Court Name  City  State ZIP Code  Cit	-	been a party in ar	ny judicial or	administrative proceeding under a	ny environmental	law? Include settlements and	d orders.
Case title	_	in the details.					
Case title		are detaile.		Court or agency	Nature of the c	ase	Status of the case
Case number  City  State  ZIP Code  City  State  City  State  ZIP Code  City  State  City  State  ZIP Code  City  State  City  State  ZIP Code  City  State  City  State  City  State  City  State  ZIP Code  Concluded  Conclude				oourt or agonoy	rature or the o		Otalus of the ouse
Court Name    Number   Street   City   State   ZIP Code	Case title _						Pending
Case number   City   State   ZIP Code			C	Court Name			_
City State ZIP Code  The Tite City State ZiP City S							
City State ZIP Code  IT 11: Give Details About Your Business or Connections to Any Business  It Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?  A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  A nember of a limited liability company (LLC) or limited liability partnership (LLP)  A partner in a partnership  An officer, director, or managing executive of a corporation  An owner of at least 5% of the voting or equity securities of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Describe the nature of the business  Employer Identification number Do not include Social Security number or ITIN.  Tile Installation  EIN: 9 2 - 1 2 0 6 9 2 3  Name of accountant or bookkeeper  Dates business existed  From 12/2022 To 11/2024			N	Number Street			
Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?  A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  A namber of a limited liability company (LLC) or limited liability partnership (LLP)  A partner in a partnership  An officer, director, or managing executive of a corporation  An owner of at least 5% of the voting or equity securities of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Describe the nature of the business  Employer Identification number Do not include Social Security number or ITIN.  Tile Installation  EIN: 9 2 - 1 2 0 6 9 2 3  Name of accountant or bookkeeper  Dates business existed  From 12/2022 To 11/2024	Case numbe	r		Situ State 7ID Code			
A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   ✓ A member of a limited liability company (LLC) or limited liability partnership (LLP)   A partner in a partnership   An officer, director, or managing executive of a corporation   An owner of at least 5% of the voting or equity securities of a corporation   No. None of the above applies. Go to Part 12.   ✓ Yes. Check all that apply above and fill in the details below for each business.   Rogers Tile LLC   Name Describe the nature of the business Employer Identification number Do not include Social Security number or ITIN.   Tile Installation EIN: 9 2 - 1 2 0 6 9 2 3   305 N 9th St Name of accountant or bookkeeper Dates business existed   From 12/2022 To 11/2024	rt 11: Giv	ve Details Abou	ıt Your Bus	siness or Connections to Any	Business		
A member of a limited liability company (LLC) or limited liability partnership (LLP)  A partner in a partnership  An officer, director, or managing executive of a corporation  An owner of at least 5% of the voting or equity securities of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Rogers Tile LLC  Name  Describe the nature of the business  Employer Identification number Do not include Social Security number or ITIN.  EIN: 9 2 - 1 2 0 6 9 2 3  Name of accountant or bookkeeper  Dates business existed  From 12/2022 To 11/2024	7. Within 4 y	ears before you fi	led for bank	ruptcy, did you own a business or h	nave any of the fol	llowing connections to any bu	usiness?
A partner in a partnership An officer, director, or managing executive of a corporation   An owner of at least 5% of the voting or equity securities of a corporation   No. None of the above applies. Go to Part 12.   ✓ Yes. Check all that apply above and fill in the details below for each business.   Rogers Tile LLC   Name   Tile Installation   Employer Identification number Do not include Social Security number or ITIN.   EIN: 9 2 - 1 2 0 6 9 2 3    Name of accountant or bookkeeper  Dates business existed  From 12/2022 To 11/2024	☐ A s	ole proprietor or se	elf-employed	in a trade, profession, or other activi	ty, either full-time o	or part-time	
A partner in a partnership An officer, director, or managing executive of a corporation   An owner of at least 5% of the voting or equity securities of a corporation   No. None of the above applies. Go to Part 12.   ✓ Yes. Check all that apply above and fill in the details below for each business.   Rogers Tile LLC   Name   Tile Installation   Employer Identification number Do not include Social Security number or ITIN.   EIN: 9 2 - 1 2 0 6 9 2 3    Name of accountant or bookkeeper  Dates business existed  From 12/2022 To 11/2024	<b>√</b> A m	nember of a limited	liability com	pany (LLC) or limited liability partner	ship (LLP)		
□ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation □ No. None of the above applies. Go to Part 12. ☑ Yes. Check all that apply above and fill in the details below for each business.    Describe the nature of the business   Employer Identification number   Do not include Social Security number or ITIN.     Tile Installation   EIN: 9 2 - 1 2 0 6 9 2 3			•	. , , , , , , , , , , , , , , , , , , ,	, ,		
□ An owner of at least 5% of the voting or equity securities of a corporation □ No. None of the above applies. Go to Part 12. ☑ Yes. Check all that apply above and fill in the details below for each business.  Rogers Tile LLC Name □ Describe the nature of the business □ Describe the nature of the	·	·	•	vecutive of a corporation			
No. None of the above applies. Go to Part 12.   ✓ Yes. Check all that apply above and fill in the details below for each business.   Rogers Tile LLC   Name Describe the nature of the business Employer Identification number Do not include Social Security number or ITIN.   Tile Installation EIN: 9 2 - 1 2 0 6 9 2 3    Name of accountant or bookkeeper  Dates business existed  From 12/2022 To 11/2024							
Yes. Check all that apply above and fill in the details below for each business.    Rogers Tile LLC					ווכ		
Describe the nature of the business   Employer Identification number   Do not include Social Security number or ITIN.	_						
Rogers Tile LLC  Name  Tile Installation  EIN: 9 2 - 1 2 0 6 9 2 3  Name of accountant or bookkeeper  Dates business existed  From 12/2022 To 11/2024	Yes. Ch	eck all that apply a	bove and fill	in the details below for each busines	SS.		
Street		ile LLC		Describe the nature of the busines	ss		
Number Street From 12/2022 To 11/2024	Name			Tile Installation		EIN: 9 2 - 1 2 0	6 9 2 3
Number Street From <u>12/2022</u> To <u>11/2024</u>	305 N 9th	n St		Name of accountant or bookkeepe	er e	Dates business existed	
						From 12/2022 To 11	/2024
City State ZIP Code	Rogers, A						

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 54 of 67 Debtor 1 Laney Case number (if known) 5:25-bk-70805 First Name Middle Name Last Name 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. **√**No Yes. Fill in the details below. Date issued MM / DD / YYYY Name Number Street ZIP Code State City Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X /s/ Stacy M Laney Signature of Stacy M Laney, Debtor 1 Date **05/23/2025** Did you attach additional pages to your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? **✓** No Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? **✓** No Attach the Bankruptcy Petition Preparer's Notice, Yes. Name of person — Declaration, and Signature (Official Form 119).

#### 5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 55 of 67

	5.25	DK-10003 DC	JC#. II FIIC	u. 03/23/23	Lillereu.	03/	23/23 09.00.30	Page 33 01 0	<u> </u>
Fill	in this information	to identify your case:						directed in lines 17 an	
D	ebtor 1	Stacy	М	Laney			Accordin Statemer	g to the calculations red nt:	uired by this
		First Name	Middle Name	Last Name			□ <sub>1. Dis</sub>	posable income is not o	determined
	ebtor 2							11 U.S.C. § 1325(b)(3) posable income is dete	
(3	pouse, if filing)	First Name	Middle Name	Last Name				11 U.S.C. § 1325(b)(3)	
Uı	nited States Bankru	uptcy Court for the:	West	tern District of A	rkansas		□3. The	commitment period is	3 years.
	ase number known)	5:25-bk-708	305				<b>₫</b> 4. The	e commitment period is	5 years.
	·						☐ Checl	c if this is an amended f	iling
∩f	ficial Form	122C-1							
			at of Volu	Curront	Manth	ایرا	n.o.o.m.o		
	•	Statemer				пуп	ncome		
		ation of Co							10/19
								ng accurate. If more sp any additional pages, v	
and	case number (if kn	nown).							
Pa	rt 1: Calculate	Your Average Mo	onthly Income						
			<u>-</u>						
1.	,	ital and filing status' ill out Column A, line							
		ill out Column A, line it both Columns A an							
	— Iviai rieu. Fili ou	it both Columns A an	u B, illies 2-11.						
								e this bankruptcy case e amount of your montl	
va	aried during the 6 m	onths, add the incon	ne for all 6 months	and divide the total	l by 6. Fill in tl	he resu	ult. Do not include an	y income amount more	than once. For
	cample, if both spou of in the space.	uses own the same re	ental property, put t	the income from the	at property in	one co	olumn only. If you hav	e nothing to report for a	iny line, write
	•						Column A	Column B	
							Debtor 1	Debtor 2 or non-filing spouse	
2	Your gross wages	s, salary, tips, bonus	ess swortims and	commissions (hofe	aro all		\$2,946.67	g openes	1
۷.	payroll deductions		es, overtime, and	Commissions (Den	ore all		<u>\$2,946.67</u>		
3.	Alimony and mair	ntenance payments.	Do not include pay	yments from a spou	ıse.		\$3,050.00		
4.	All amounts from	any source which a	re regularly paid f	or household expe	enses of you	or			
	your dependents,	, including child sup	port. Include regula	ar contributions from	m an	<b>0</b> 1			
		, members of your ho ot include payments t							
	on line 3.						\$0.00		
5.	Net income from	operating a busines	s, profession, or						
	farm			Debtor 1	Debtor 2				
	Gross receipts (be	efore all deductions)		\$0.00	\$0.00				
	Ordinary and nece	essary operating exp	enses	- \$0.00 -	\$0.00				
	Net monthly incom	ne from a business, p	profession, or farm	\$0.00	\$0.00	Copy here –	<b>\$0.00</b>		
_							<del></del>		
6.	Net income from	rental and other real	property	Debtor 1	Debtor 2				
	Gross receipts (be	efore all deductions)		\$0.00	\$0.00				
	Ordinary and nece	essary operating exp	enses	- \$0.00 -	\$0.00				

Net monthly income from rental or other real property

\$0.00

\$0.00

Сору

\$0.00

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 56 of 67

Debtor 1 Stacy M Laney Case number (if known) <u>5:25-bk-70805</u>

First Name	Middle Name	Last Name			
			Column A Debtor 1	Column B  Debtor 2 or  non-filing spouse	
7. Interest, dividends, and	royalties		\$0.0		_
8. Unemployment comper	sation		\$0.0	00	<u>_</u>
Do not enter the amount	if you contend that the amou	nt received was a benefit unde	er		
the Social Security Act. I	nstead, list it here:	<b>\</b>			
For you		\$0	0.00		
For your spouse		······			
under the Social Security include any compensation States Government in condeath of a member of the under chapter 61 of title exceed the amount of re	y Act. Also, except as stated in pension, pension, pay, annuity, or a connection with a disability, core uniformed services. If you read that pay only	llowance paid by the United nbat-related injury or disability, eceived any retired pay paid to the extent that it does not otherwise be entitled if retired		<u> </u>	_
not include any benefits a victim of a war crime, terrorism; or compensa States Government in c	s received under the Social So	ecify the source and amount. I ecurity Act; payments received international or domestic allowance paid by the United embat-related injury or disability essary, list other sources on a	as		
-					_
Total amounts from sepa	erate names if any				<u> </u>
11. Calculate your total av	erage monthly income. Add otal for Column A to the total		\$5,996.6	7 +	= \$5,996.67  Total average
Part 2: Determine How	to Measure Your Deduc	ctions from Income			monthly income
12. Copy your total averag	e monthly income from line	11			\$5,996.67
13. Calculate the marital a	djustment. Check one:				
✓ You are not married. F	ill in 0 below.				
You are married and y	our spouse is filing with you. I	Fill in 0 below.			
You are married and y	our spouse is not filing with ye	ou.			
		umn B, that was NOT regularly tax liability or the spouse's sup			
Below, specify the bas additional adjustments		nd the amount of income devo	ted to each purpose. If ne	ecessary, list	
•	not apply, enter 0 below.				
			+		
Total			<u>\$0.00</u>	Copy here. $ ightarrow$	\$0.00
14. Your current monthly i	<b>ncome.</b> Subtract the total in li	ne 13 from line 12.			\$5,996.67

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 57 of 67 Debtor 1 Case number (if known) 5:25-bk-70805 Stacy Laney First Name Middle Name Last Name 15. Calculate your current monthly income for the year. Follow these steps: \$5,996.67 15a. Copy line 14 here → ..... Multiply line 15a by 12 (the number of months in a year). x 12 \$71,960.04 15b. The result is your current monthly income for the year for this part of the form...... 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. **Arkansas** 16b. Fill in the number of people in your household. 1 16c. Fill in the median family income for your state and size of household. \$54,772.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4) Part 3: 18. Copy your total average monthly income from line 11. \$5,996.67 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 19a. If the marital adjustment does not apply, fill in 0 on line 19a. \$0.00 19b. Subtract line 19a from line 18. \$5.996.67 20. Calculate your current monthly income for the year. Follow these steps. 20a. Copy line 19b..... \$5,996.67 Multiply by 12 (the number of months in a year). x 12 \$71,960.04 20b. The result is your current monthly income for the year for this part of the form. \$54,772.00 20c. Copy the median family income for your state and size of household from line 16c. 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Stacy M Laney Signature of Debtor 1 Date 05/23/2025

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

	5:25-bk-70805 D	oc#: 11 File	ed: 05/23/25	Entered: 05/2	23/25 09:08:30	Page 58 of 67	
Fill in this info	rmation to identify your cas	e:					
Debtor 1	Stacy	М	Laney				
Dahtar 0	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filin	g) First Name	Middle Name	Last Name				
United States	s Bankruptcy Court for the:	Wes	stern District of A	rkansas			
Case numbe (if known)	r <u>5:25-bk-7</u> 0	)805				Check if this is amended filing	an
Official F	orm 122C-2						
Chapte	r 13 Calculat	ion of You	ur Dispos	able Incor	ne		04/25
To fill out this	form, you will need your o	ompleted copy of (	Chapter 13 Stateme	ent of Your Current N	Nonthly Income and Ca	alculation of Commitme	nt Period
Be as comple needed, attac	te and accurate as possibl h a separate sheet to this f d case number (if known).	orm. Include the lin					
Part 1: Cal	culate Your Deduction	s from Your Inco	ome				
Deduct the e	Revenue Service (IRS) iss of find the IRS standards, guptcy clerk's office.  xpense amounts set out in the than the standards. Do remounts that you subtracted	o online using the lines 6-15 regardles not include any oper	link specified in the ess of your actual expraing expenses tha	e separate instruction pense. In later parts of at you subtracted from	ns for this form. This in of the form, you will use	nformation may also be e some of your actual ex	e available penses if
·	ses differ from month to mo			51 F 01111 1220-1.			
Note: Line nu	umbers 1-4 are not used in	this form. These nu	mbers apply to info	rmation required by a	ı similar form used in cl	hapter 7 cases.	
Fill in th number	mber of people used in det e number of people who co of any additional depender in your household.	ould be claimed as e	exemptions on your	federal income tax re		1	
National Standard	<b>s</b> You must use th	ne IRS National Star	ndards to answer th	ne questions in lines 6	)-7.		
	lothing, and other items: Uds, fill in the dollar amount			d in line 5 and the IRS	6 National	_	\$808.00
dollar a who are	mount for out-of-pocket hea 65 or older—because olders IRS amount, you may dec	alth care. The number r people have a high	er of people is split her IRS allowance f	into two categories-	people who are under 6	65 and people	

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 59 of 67

Debtor 1

StacyMLaneyCase number (if known)5:25-bk-70805First NameMiddle NameLast Name

	People who are under 65 years of age				
	7a. Out-of-pocket health care allowance per person	\$83.00			
	7b. Number of people who are under 65	x 1			
-	7c. Subtotal. Multiply line 7a by line 7b.	\$83.00	Copy here →	<u>\$83.00</u>	
	People who are 65 years of age or older				
	7d. Out-of-pocket health care allowance per person	<u>\$158.00</u>			
•	7e. Number of people who are 65 or older	x <u> </u>			
•	7f. Subtotal. Multiply line 7d by line 7e.	\$0.00	Copy here →	+\$0.00	
7g.	Total. Add lines 7c and 7f			\$83.00 Copy here →	\$83.00
Loca Stan	al dards You must use the IRS Local Standards to ans	swer the questions in lines 8-1	5.		
	on information from the IRS, the U.S. Trustee Prograr uptcy purposes into two parts:	n has divided the IRS Local S	Standard for housin	g for	
■ Ho	using and utilities – Insurance and operating expenses	s			
■ Ho	using and utilities – Mortgage or rent expenses				
	wer the questions in lines 8-9, use the U.S. Trustee Pr led in the separate instructions for this form. This char				
	lousing and utilities – Insurance and operating expensing dollar amount listed for your county for insurance and		ple you entered in lir	ne 5, fill in	\$583.00
9. <b>H</b>	ousing and utilities - Mortgage or rent expenses:				
!	9a. Using the number of people you entered in line 5, fil listed for your county for mortgage or rent expenses		<u>\$1</u> ,	096.00	
!	<ol> <li>Total average monthly payment for all mortgages an your home.</li> </ol>	nd other debts secured by			
	To calculate the total average monthly payment, add contractually due to each secured creditor in the 60 bankruptcy. Next divide by 60.				
	Name of the creditor	Average monthly payment			
	Freedom Mortgage	\$1,800.00			
		+			
	9b. Total average monthly payment	\$1 X00 00 I	Copy here →\$1,5	Repeat this amount on line 33a.	
9	c. Net mortgage or rent expense.				
	Subtract line 9b (total average monthly payment) from this number is less than \$0, enter \$0.	m line 9a ( <i>mortgage or rent ex</i>	(pense). If	\$0.00 Copy here →	\$0.00
	you claim that the U.S. Trustee Program's division of ne calculation of your monthly expenses, fill in any add		ousing is incorrect	and affects	\$0.00
	Explain				
	why:				

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 60 of 67

Debtor 1

 Stacy
 M
 Laney
 Case number (if known)
 5:25-bk-70805

 First Name
 Middle Name
 Last Name

11.	Local transp  0. Go to	•	ck the number of ve	ehicles for which you cl	aim an owners	ship or operating expense.	
	☐ 1. Go to	line 12.					
	2 or more	e. Go to line 12.					
12.		ation expense: Using the in the Operating Costs t				hich you claim the operating cal area.	\$520.00
13.	vehicle below		expense if you do r			rship or lease expense for each s on the vehicle. In addition, you may	
	Vehicle 1	Describe Vehicle 1:	2025 Volkswag	jen Jetta			
	13a. Owners	hip or leasing costs using	IRS Local Standa	rd		\$619.00	
		monthly payment for all					
	Do not i	nclude costs for leased v	ehicles.				
	amounts	late the average monthly s that are contractually do after you file for bankrup	ue to each secured	creditor in the 60			
	Name of	each creditor for Vehicl	e 1	Average monthly payment			
	Ally Fir	nancial		\$646.61			
		Total average	monthly payment	\$646.61	Copy here →	- <b>\$646.61</b> Repeat this amount on line 33b.	
	Subtract	icle 1 ownership or lease	•			\$0.00 Copy net Vehicle 1 expense here →	\$0.00
	Vehicle 2	Describe Vehicle 2:					
	13d. Owners	hip or leasing costs using	IRS Local Standa	rd		\$619.00	
	13e. Average	monthly payment for all	debts secured by	Vehicle 2.	_		
	Do not i	nclude costs for leased v	ehicles.				
	Name of	each creditor for Vehicl	e 2	Average monthly payment			
	Perforn	nance Finance		\$286.00			
		Total average	monthly payment	\$286.00	Copy here →	<ul> <li>\$286.00</li> <li>Repeat this amount on line 33c.</li> </ul>	
	13f. Net Vehi	cle 2 ownership or lease	expense	,			
		line 13e from 13d. If this	•	ın \$0. enter \$0		\$333.00	
				· · · · · · · · · · · · · · · · · · ·		Copy net Vehicle 2 expense here $\rightarrow$	\$333.00
14.		oortation expense: If you on expense allowance re				ndards, fill in the <i>Public</i>	
15.	public transp		ay fill in what you be			you claim that you may also deduct a t you may not claim more than the	\$0.00

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 61 of 67

Debtor 1

 Stacy
 M
 Laney
 Case number (if known)
 5:25-bk-70805

 First Name
 Middle Name
 Last Name

	ther Necessary In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.					
16.	<b>Taxes:</b> The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  Do not include real estate, sales, or use taxes.	\$956.53				
17.	<b>Involuntary deductions:</b> The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$0.00				
18.	B. <b>Life insurance:</b> The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.  Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.					
19.	<b>Court-ordered payments:</b> The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	<u>\$0.00</u>				
20.		\$0.00				
	<ul> <li>as a condition for your job, or</li> <li>for your physically or mentally challenged dependent child if no public education is available for similar services.</li> </ul>					
21.	<b>Childcare:</b> The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.	\$0.00				
22.	22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.					
23.	3. <b>Optional telephones and telephone services:</b> The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted.					
24.	Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.	\$3,433.53				
	Additional Expense These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.					
25.	<b>Health insurance, disability insurance, and health savings account expenses.</b> The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.					
	Health insurance \$49.00					
	Disability insurance \$0.00					
	Health savings account + \$0.00					
	Total <b>\$49.00</b> Copy total here →	\$49.00				
	Do you actually spend this total amount?					
	□ No. How much do you actually spend?  ☑ Yes					
26.	Continuing contributions to the care of household or family members.  The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).	\$0.00				
27.	<b>Protection against family violence.</b> The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.  By law, the court must keep the nature of these expenses confidential.	\$0.00				

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 62 of 67 Debtor 1 Laney Case number (if known) 5:25-bk-70805 Stacv First Name Middle Name Last Name 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in \$0.00 the excess amount of home energy costs You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$214.58\* per child) \$0.00 that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. \* Subject to adjustment on 4/01/28, and every 3 years after that for cases begun on or after the date of adjustment. \$0.00 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a + \$0.00 religious or charitable organization. 11 U.S.C. § 548(d)3 and (4). Do not include any amount more than 15% of your gross monthly income. 32. Add all of the additional expense deductions. \$49.00 Add lines 25 through 31. **Deductions for Debt Payment** For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly payment Mortgages on your home \$1,800.00 33a. Copy line 9b here ..... Loans on your first two vehicles \$646.61 33b. Copy line 13b here ..... \$286.00 33c. Copy line 13e here ..... 33d. List other secured debts: Name of each creditor for other Identify property that secures the Does payment secured debt include taxes or insurance? **√** No **Credit Acceptance** 2019 Chevrolet Trax \$435.30 Yes □ No

33e. Total average monthly payment. Add lines 33a through 33d. .....

☐ Yes☐ No

\$3,167.91

Copy total

here--

\$3,167.91

Debtor 1

Stacy	М	Laney	Case number (if known) <u>5:25-bk-70805</u>
First Name	Middle Name	Last Name	_

3
<u>s                                     </u>
_
Copy total here → \$347.23
filing date of your
as
÷ 60
<u>%</u>
Copy total here → \$267.71
\$3,782.85
3.53
9.00
2.85 Copy
38   total   \$7,265.38
3 3

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 64 of 67

Debtor 1

r 1	Stacy	M	Laney	Case number (if known) 5:25-bk-70805
	First Name	Middle Name	Last Name	<del></del>

Part	2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)						
39.	Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.			\$5,996.67			
40.	Fill in any reasonably necessary income you receive for support for dependent child. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.		.00				
41.	Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specifi 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).	<b>*** *** *** *** *** ** **</b>	.00				
42.	Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here	\$7,265	.38				
43.	43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.						
	Describe the special circumstances Amount of expense						
	<del></del>						
	Total \$0.00 Copy he	+\$0.0	<u>0</u>				
44.	Total adjustments. Add lines 40 through 43	\$7,265.	3 <u>8</u> Cop	y here → - \$7,265.38			
45.	Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from I	ine 39.		<u>(\$1,268.71)</u>			
Par	3: Change in Income or Expenses						
46.	Change in income or expenses. If the income in Form 122C-1 or the expenses you repchanged or are virtually certain to change after the date you filed your bankruptcy petitic case will be open, fill in the information below. For example, if the wages reported increpetition, check 122C-1 in the first column, enter line 2 in the second column, explain whin when the increase occurred, and fill in the amount of the increase.	on and during the tim ased after you filed y	e your our				
F	orm Line Reason for change	Date of change	Increase or decrease?	Amount of change			
	122C-1		Increase				
_	122C-2 — — — — — — — — — — — — — — — — — — —		☐ Decrease				
	122C-1		☐ Increase☐ Decrease				

5:25-bk-70805 Doc#: 11 Filed: 05/23/25 Entered: 05/23/25 09:08:30 Page 65 of 67

Debtor 1

 Stacy
 M
 Laney
 Case number (if known)
 5:25-bk-70805

 First Name
 Middle Name
 Last Name

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

/s/ Stacy M Laney

Signature of Debtor 1

Date 05/23/2025 MM/ DD/ YYYY B2030 (Form 2030) (12/15)

# United States Bankruptcy Court Western District of Arkansas

In re	L	_aney, Stacy M					
					Case No.	5:25-bk-70805	_
Debto	or				Chapter	13	
			DISCLOSURE OF C	COMPENSATION OF	ATTORNEY	FOR DEBTOR	
1.	Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:						
	For	legal services, I h	have agreed to accept			<u> </u>	\$4,300.00
	Prior to the filing of this statement I have received						\$750.00
	Bala	ance Due				<u> </u>	\$3,550.00
2.	The	The source of the compensation paid to me was:					
	<b>A</b>	Debtor	Other (specify)				
3.	The	The source of compensation to be paid to me is:					
		Debtor	Other (specify)				
4.	I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.						
	☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.						
5.	In re	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	a.	<ul> <li>Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> </ul>					file a petition in
	b.	Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;					
	c.	Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;					
6	Bv a	agreement with th	ne debtor(s), the above-dis	sclosed fee does not include	the following	services:	

B2030 (Form 2030) (12/15)

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/23/2025

/s/ Todd F Hertzberg

Date

Todd F Hertzberg
Signature of Attorney

Bar Number: 2008268 Hertzberg Law Firm of Arkansas, P.A. 4285 N. Shiloh Drive STE 108 Fayetteville, AR 72703 Phone: (479) 303-5555

Hertzberg Law Firm of Arkansas, P.A.

Name of law firm